Surgical Services [Refer to WAC 182-531-1700]

Providers must check the Physician-Related Services Fee Schedule for those surgical services that require either PA or EPA.

Authorization Requirements for Surgical Procedures

Changes in Authorization Requirements for Selected Surgical Procedures

Effective for dates of service on and after April 15, 2012, the Agency is expanding its prior authorization requirements to include selected surgical procedures. The medical necessity review for these procedures will be conducted by the Agency or Qualis Health.

The Agency and Qualis Health have contracted to provide web-based submittal for utilization review services to establish the medical necessity of selected surgical procedures in the following categories:

- Spinal, including facet injections;
- Major joints;
- Upper and lower extremities;
- Carpal tunnel release; and
- Thoracic outlet release.

Qualis Health conducts the review of the request to establish medical necessity for surgeries, but **does not** issue authorizations. Qualis Health forwards its recommendations to the Agency for final authorization determination.

Qualis Health will begin receiving requests for medical necessity reviews on April 1, 2012.

Surgical services require Agency authorization regardless of place of service or when performed as:

- Urgent;
- An emergency; or
- A scheduled surgery.

The Agency allows 5 business days for providers to submit retrospective authorization requests to Qualis Health for surgical procedures performed as **urgent** or **emergency** procedures.

Only the performing provider or facility (site of service) can request the medical necessity review be conducted by Qualis Health. If initiating the request for authorization, the physician must include the name and billing NPI of the facility where the procedure will be performed. If a facility is requesting the authorization, the request must include the name and billing NPI of the physician performing the procedure.

Note: Billing entities such as clearinghouses ***do not*** request authorization through Qualis Health or the Agency.

The list of new surgical procedure (CPT) codes that require review by Qualis Health can be found online at:

- Physician's Related Services Fee Schedule online at: http://hrsa.dshs.wa.gov/RBRVS/Index.html or
- Online at: http://hrsa.dshs.wa.gov/authorization

When Will Qualis Health Begin Receiving Requests?

Qualis Health will begin receiving requests April 1, 2012. For procedures performed on and after April 15, 2012, all requests for authorization must be submitted through Qualis Health. See the chart below

If procedures are needed for:	Authorization must be requested:
Dates of service *before* April 15, 2012	Through the Agency
Dates of service on and after April 15, 2012	Through Qualis Health. Available April 1, 2012

For retroactive requests which meet the requirements specified above, submit as follows:

Retroactive requests for authorization with dates of service:	Authorization will be reviewed by:
Prior to April 15, 2012.	The Agency.
On and after April 15, 2012.	Through Qualis Health

Medical Necessity Reviews to be Conducted by the Agency

To implement this prior authorization requirement for selected surgical procedures, the Agency will also conduct medical necessity reviews for some selected surgical procedures. The Agency will begin accepting requests for these medical necessity reviews April 1, 2012. For details about these procedures refer to:

- http://hrsa.dshs.wa.gov/RBRVS/Index.html; or
- http://hrsa.dshs.wa.gov/download/Billing_Instructions_Webpages/Physician-Related_Services.html

For more information about how to request prior or retroactive authorization from the Agency, refer to the ProviderOne Billing and Resource Guide online at:

http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html.

Age Exemption and Expedited Prior Authorization Requirements

If the client is younger than 21 years of age, prior authorization for the surgical procedure may not be required. Refer to the Physician -Related Services and related fee schedule online at:

http://hrsa.dshs.wa.gov/RBRVS/Index.html to determine if a procedure is exempt by client's age.

Prior authorization for hysterectomies is required regardless of the client's age. Some hysterectomy procedures will require a medical necessity review by the Agency to establish medical necessity. However, the Agency will use **Expedited Prior Authorization (EPA)** criteria, instead of a medical necessity review, for the following clinical situations:

- Cancer
- Trauma

For more information, including the EPA numbers and specific criteria, refer to the Expedited Prior Authorization (EPA) section in the Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide.

Is Authorization Required for All Medicaid Clients?

The Agency does not require authorization if another insurance carrier is going to be financially responsible for the service.

IMPORTANT INFORMATION

Authorization through Qualis Health is required ONLY for Medicaid clients who are currently eligible and enrolled in fee-for-service ***as the primary insurance***.

DO NOT submit a request for a client who has:

1. Medicaid Managed Care;
2. Another insurance as primary (Third Party Liability or TPL);
3. Medicare as the primary insurance;
4. No current eligibility;
5. Unmet spend-down;
6. Detoxification only coverage; or
7. Medicaid through the ERSO (Emergency Related Services Only-non-citizen program). Exception: submit surgical authorization requests for clients covered by ERSO when the client is:

- Being treated for cancer or end stage renal disease (see WAC 388-438-0120); or
- Living in a nursing home (see WAC 388-438-0125).

If one of the above applies, the Agency will reject the request for authorization regardless of Qualis Health's medical necessity determination.

For more information about how to request prior or retroactive authorization from the Agency, refer to the ProviderOne Billing and Resource Guide online at:

http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html.

Checking Client Eligibility

An Agency Medicaid eligibility ID card does not guarantee that a client is currently eligible. To save time, confirm eligibility through ProviderOne before submitting an authorization request. To learn more about confirming client eligibility in ProviderOne, go to the ProviderOne Billing & Resource Guide online at:

http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide/Client_Eligibility_BSP_Coverage.pdf.

Retroactive Authorization – Eligibility and TPL issues

Retroactive authorizations have no time limit. The Agency considers retroactive authorization when the following applies:

- A client's eligibility is approved after the date of service, but it is retroactive to a date(s) that includes the date the procedure was performed; or

- A primary payer does not pay for the service and Medicaid is now requested to pay for the services as the primary payer.

When requesting retroactive authorization for a required procedure, providers must check authorization requirements for the "date of service" that the procedure was performed by consulting the fee schedule.

About Qualis Health

How to Register to Request Authorization for Surgical Procedures through Qualis Health

In order to receive authorization for surgical procedures, providers must:

- Register as a provider with OneHealthPort (see link below);
- Register with Qualis Health iEXCHANGE® as a WA Medicaid provider (if you have not yet done so for imaging);
- Become familiar with the criteria that will be applied to requests;
- Participate in on-line training or watch a training video for entering surgical review requests on the Qualis Health website at: http://www.qualishealth.org/healthcare-professionals/washington-medicaid; and
- Use iEXCHANGE® to request review for surgical procedures after completion of training.

Providers registered with Qualis Health iEXCHANGE ® as a WA Labor and Industries provider are also required to register with Qualis Health iEXCHANGE ® as a Medicaid provider in order to submit medical necessity review requests for surgical procedures. If you are a registered provider with Qualis Health iEXCHANGE® for WA Medicaid Imaging, you will be able to submit review requests for surgical procedures.

Helpful Qualis Health Information and Links:

If you have questions about the iEXCHANGE® process, contact Qualis Health's iEXCHANGE® help line at 1-888-213-7513.

Qualis Health's surgical services webpage is available to register for secure access. For more information about this process, see the Healthcare Professionals section online at: http://www.qualishealth.org

To register on OneHealthPort, go to the registration page at: http://www.onehealthport.com/services/Qualis.php.

For more information about the web-based utilization review, go to iEXCHANGE® online at: http://www.qualishealth.org/healthcare-professionals/iEXCHANGE

Qualis Health offers on-line training. Please go to: http://www.qualishealth.org/sites/default/files/WA-Medicaid-Surgery-iEX-Training-Manual.pdf

Qualis Health hosts webinars every Thursday from 10:30A.M to 11:30A.M (PST) starting March 15, 2012. Beginning in April, Qualis Health will add weekly sessions on Tuesday afternoons at 1pm.

Qualis Health offers a printable manual to assist providers. It is available online at: http://www.qualishealth.org/healthcare-professionals/washington-medicaid/provider-education. If you have questions, please contact Qualis Health at 1-888-213-7513.

Submission of Requests to Qualis Health

Requests may be submitted electronically, by fax, or via telephone call.
Instructions for submitting medical necessity review requests to Qualis Health, including how to use OneHealthPort, are available at:

http://www.qualishealth.org/healthcare-professionals/washington-medicaid/provider-education

Requests initiated electronically will require supporting documentation to be included with the electronic submission or faxed per the instructions found at the website above. A Qualis Health reference number is provided upon submission of the electronic request.

Requests initiated by telephone or fax will require supporting documentation be faxed per the instructions found at the website above. Once supporting documentation is received, Qualis Health will open a case in their system by:

- Entering the information; and
- Responding to the provider with a Qualis Health reference number.

Once all necessary clinical information is received (either electronically or via fax), Qualis Health staff will:

- Conduct the medical necessity review; and
- Forward a recommendation to the Agency.

Qualis Health will process telephone and fax requests during normal business hours. Faxed requests can be sent at any time and Qualis Health will process them the following business day.

Qualis Health provides the following toll-free numbers:

- WA Medicaid (phone) 888-213-7513
- WA Medicaid (fax) 888-213-7516

Surgical Modifiers

Co-Surgeons, Assistants, Team Surgeries, and other surgical modifiers

When requesting an authorization for any surgical procedure requiring a medical necessity review by Qualis Health, please indicate if the authorization request also includes an assistant surgeon, a co-surgeon, or a surgical team. Please refer to CMS coding rules.

When submitting an authorization request for a surgical service that requires additional surgeons, please include the following on the request:

- The appropriate modifier(s);
- If available, each surgeon's billing NPI; and
- Clinical justification for an assistant surgeon, co-surgeon, or surgical team.

Enter the information above in the "Communication" box when:

- The case is loaded through Qualis Health iEXCHANGE®; or
- Submitted by fax, on the request for surgical authorization form.

Qualis Health Appeal Process for Providers

If the Agency denies authorization for surgery as a result of a recommendation from Qualis Health, Qualis Health offers providers an appeal process. Request an appeal as follows:

- Prepare a written request for appeal to Qualis Health indicating the Qualis Health reference number (starting with 913…) for which the appeal is requested; and
- Fax the request for appeal along with any clinical notes, laboratory, and imaging reports to be considered with the appeal to Qualis Health at (888) 213-7516.

NOTE: If the clinical information that is submitted is NEW (information obtained after the denial was issued), a new review will be initiated by Qualis Health and a new reference number will be assigned. An appeal will be conducted if the information submitted was available at the time of the initial review but not submitted.

Upon receipt of a request for appeal, Qualis Health staff will review the documentation to determine if the appeal meets the medical necessity criteria. If it is determined that the appeal request does not meet the medical necessity criteria, the case will be referred to a physician to make a final determination.

More information about Qualis Health's provider appeal process is available online at: http://www.qualishealth.org/healthcare-professionals/washington-medicaid/provider-resources.

If Qualis Health ultimately recommends the authorization be denied ***and*** Washington Medicaid agrees, the client has the right to appeal to the Administrative Hearings Office.

What Criteria Will Qualis Health Use to Establish Medical Necessity?

The Agency has instructed Qualis Health to use the following surgical procedure criteria to establish medical necessity:

- Health Technology Assessment (HTA) Program* - http://www.hta.hca.wa.gov/;
- Labor and Industries (LNI); or
- InterQual criteria.

Exceptions: * Medicaid does not require clients to participate in a structured, intensive, multi-disciplinary program (SIMP) as required in the HTA's decision for spinal fusion and artificial disc replacement surgery.

If there is an applicable HTA criteria, it will serve as the benchmark for the medical necessity review. If there is no HTA criteria available, applicable criteria from LNI will be applied. If LNI does not have available criteria, InterQual criteria will be applied.

How Does the Agency's Hierarchy of Evidence Protocol Apply?

Hierarchy of Evidence (See WAC 182-501-0165)

The Agency recognizes the criteria described as "B" level of evidence.

If the request meets medical necessity criteria, the request will be approved.

About Qualis Health Reference Numbers

Upon successful submission of a request through iEXCHANGE® or when a request has been faxed to Qualis Health, you will receive a nine-digit Qualis Health reference number starting with the prefix 913 (e.g. 913-xxx-xxx). The Qualis Health reference number provides verification that Qualis Health reviewed the request.

The Qualis Health reference number is not a billable authorization number.

Do not bill for or perform a surgical procedure(s) until you receive a written approval and an Agency-issued ProviderOne authorization number. The Agency approves or denies authorization requests based on recommendations from Qualis Health.

> **Note:** The Agency has 15 calendar days from the time Qualis Health receives a request for authorization to provide a written determination.

The Agency's ProviderOne Authorization Records

Please contact the Agency at 1- 800-562-3022 extension 52018, Monday – Friday, 1pm to 5pm for:

- Questions regarding the status of an authorization;
- The need to update an authorization; or
- General questions regarding an authorization.

If an authorization record requires updating after the Agency has already approved authorization, please submit a PA Pend Form as described in Appendix "G" of the ProviderOne Billing and Resource Guide